

<b>Case Number:</b>	CM15-0052377		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	10/15/1998
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 42-year-old male who sustained an industrial injury on 10/15/1998. Current diagnoses include arthrodesis L4-sacrum, postlaminectomy syndrome-lumbar, sacroiliac joint dysfunctions-bilaterally, and chronic pain. Previous treatments included medication management, spinal cord stimulator trial, and surgery. Report dated 01/21/2015 noted that the injured worker presented with complaints that included back and bilateral leg pain. Pain level was rated as 7 out of 10 in the back and 8 out of 10 in the legs on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included physical examination suggesting involvement of sacroiliac joints, spinal cord stimulator trial was not dramatically successful, recommendation for x-rays and MRI of the lumbar spine and sacroiliac joint blocks with same day follow-up, and continue with pain management physician. Disputed treatment includes bilateral sacroiliac joint block injection.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **1 Bilateral Sacroiliac Joint Block Injection: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Workers' Compensation, Treatment Index, Chapter Hip & Pelvis (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic) Sacroiliac joint blocks.

**Decision rationale:** The claimant has a remote history of a work-related injury and continues to be treated for chronic low back and buttock pain. Treatments have included a lumbar spine fusion to the sacrum. When seen, there was positive FABERE, Shear, and lateral leg lift testing with posterior superior iliac spine tenderness. Criteria for the use of sacroiliac blocks include a history of and physical examination findings consistent with a diagnosis of sacroiliac joint pain and after failure of conservative treatments. Requirements include the documentation of at least three positive physical examination findings. In this case, the claimant has a history of a multilevel lumbar fusion to the sacrum. The requesting provider, documents three positive sacroiliac joint tests by physical examination. Therefore, the above criteria are met and the requested bilateral sacroiliac joint injections are medically necessary.